COMMUNITY DEVELOPMENT THROUGH WOMEN EMPOWERMENT AND UTILIZATION OF LITERACY AND VOCATIONAL SKILLS SERVICES OF AN EDUCATIONAL PROJECT, KHAMMER, AMRAN, YEMEN

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ABSTRACT

Purpose: Women empowerment has different notions that at least encompass three dimensions; educational, economic and legal and is strongly connected with community development. This study aimed to qualitatively describe community perception about girls' education, women social and health status and utilization of targeted services as an example of women empowerment project in a rural Yemeni setting.

Materials and Methods: This study was conducted in Khamer, Amran, Yemen (March-June 2013) in the areas served by Khamer Educational Center that aimed at eliminating illiteracy among women. Four focus group discussion (FGDs) involved women benefited from the training in improving their status (empowered women), and another four FGDs involved women who had not used the knowledge and skills they had developed (un-empowered women). In-depth interviews (IDIs) were conducted with fifteen key informant women and men from various community sectors. Participants gave their own consent and strict confidentially was ensured. Ttranscripts were categorized manually to find meaningful relationship between inductively emerged themes.

Results: Women IDIs revealed readiness to help empowering Center's graduates; and working for future community services. Men's IDIs demonstrated variable views about women educational empowerment and favoring of boy's education. FGDs showed poor health awareness and seeking behavior and different views between empowered and un-empowered about women's role.

Conclusion: It is clear the inappropriate educational level, low women status, and inadequate women awareness about certain health–related issues. Well planned literacy and life-skills programs need to be considered as major avenues to improve women awareness in life issues to be empowered and contribute to community development.

KEYWORDS: Women empowerment, Community development, Education, Health, Yemen.

Introduction

Community development is viewed as a process in the life of the community by which the people plan and act together for the satisfaction of their felt needs. In the process, individuals are assisted to acquire the attitude, skills and knowledge needed to effectively participate in programme designed to promote their well-being (Osirike & Egbayebo, 2012).

Some communities have become known as 'learning communities' as they concentrate on learning to promote social cohesion, regeneration and economic development in the face of many challenges (Toowoomba Learning Community Network, 2002). Education and vocational training are among the major components that promote national and community development. It should be known that such development depends on the education and training given not only to men but also to women (Edu & Edu, 2012). Vocational education is perceived as one of the crucial elements in enhancing economic productivity (Alam, 2008). Traditionally, vocational education has prepared candidates for specific skills. (Mustapha & Greenan, 2002) and fuelled the engine of sustainable development (Damon, 2002). Education is a basic human right and considered by many as a key tool for national development. (Roudi-Fahimi & Moghadam, 2003) Education has been, and will be, the most important mechanism for sustainable development (Damon, 2002). Education no doubt has been one of the enduring values which helped to restructure the women's role in their communities (Osirike, 2012). However, in many countries, the rate of illiteracy is usually higher among women than among men (Edu & Edu 2012).

Empowerment means moving from enforced powerlessness to a position of power. Education is an essential mean of empowering women with the knowledge, skills and self-confidence necessary to fully participate in the development process (Alasah, 2008). Women empowerment has different notions that at least encompass three dimensions; educational, economic and legal and is strongly connected with community development (Mahadevan et al 2005). Sustainable development is only possible when women and men enjoy equal opportunities to reach their potential. Women's empowerment is an essential key element in the promotion of women role in the community development process. Community development and women empowerment are two complementary process (Alasah, 2008).

Women education is an important tool for her empowerment (Thiyagu, 2013). In Yemen, adult (15+year), literacy is 70.1% with wide gender gap; 85.1% for men vs. 55% for women. (CIA, 2015). Furthermore, Yemen has very low female status associated with very conservative social norms and traditions particularly in the rural settings (Al-Amri et al, 2003). Not surprisingly, the Gender–related Development Indices, which are simply the Human Development Index adjusted downward for gender inequality reflects the greater gender disparity in Yemen in which Yemen ranked at 152 out of 152 countries in the Gender Inequality Index and 155 out of 155 countries in in the Gender Development Index. Another indicator which reflects the gloomy women status in Yemen is the Gender Empowerment Measure (GEM) in which Yemen ranks 93 out of 93 countries in 2014. This index reveals whether women take an active part in economic and political life.

It tracks the share of seats in parliament held by women; of female legislators, senior officials and managers; female professional and technical workers- and the gender disparity in earned income, reflecting economic independence. Differing from the above indices, the GEM exposes inequality in opportunities in selected areas (UNDP, 2015). These could explain why Yemen is ranked bottom in the Global Gender Gap Index for 2014 (145 out of 145 countries) (World Economic Forum, 2015). This paper aimed to describe the community perception about girls' education, women social and health status and utilization of targeted services provided in Khamer district, Amran, Yemen as an example of women empowerment project in a rural setting in Yemen where the majority of Yemeni citizens resides (RoY, 2014) and how such project help support women participation in their community development.

Materials and Methods

This study was conducted in Khamer district, Amran Governorate, Yemen during March to June 2013 in the areas served by Khamer Educational Center. The Center was established in 2001 by SOUL, a local non-governmental organization with the cooperation of the British Embassy as a literacy Center in Khammer; one of the most deprived rural districts of Yemen, located in Amran governorate, 2005). The project aimed at eliminating illiteracy among women, by means of an effective, socially acceptable and sustainable effort to break cultural prejudices against female education on the premise that such an education is not only an intrinsic right, but the key to a better future for Yemeni women and their families. The approach considered the special needs of the surrounding rural areas where literacy rates are most grave.

Shortly after its establishment, the Khammer Center became a cornerstone in the region for its educational activities and outreach. One important focus of the program is to aid women in developing healthy life styles which have a direct impact on family and community health. "Healthy Life Styles" educational programs target reproductive health issues, family planning, breast feeding, nutrition, personal hygiene and environmental health, all of which have a significant impact not just on women and their immediate family, but on the greater social and economic stability of the community at large.

With the cooperation of the community, the facility has grown to a trusted community services Center for women. At the end of 2007, it offered literacy, tailoring, and computer classes. In 2008, The Foundation for Future an independent, multilateral, not for profit organization promoting democracy and human rights in the Middle East and North Africa in which women empowerment is a cornerstone activity, began funding the Center to enlarge its role in the area through five years intervention. This program was unique and differs from the typical literacy activities, which involve reading and writing only. This Center encompasses five units: a computer unit; a handcraft and dress making unit; a literacy unit; a pre-school unit; a bakery, as an investment unit. The overall goal of this project was to:

1. Empower the women of the Khammer district through providing educational services with regard to literacy and healthy life styles, as to reduce the gender educational gap, combat poverty, reduce maternal and child mortality rates, and eradicate undesirable social phenomena such as violence and revenge.

2. Develop a socially suitable role model that could be used in other communities throughout Yemen.

Two qualitative techniques were used to deeply explore the knowledge and perception of women (FGDs) and selected community key informants of men and women (IDIs) to girls' education, women situation, and mother and children health status using an interview guide. Two groups of FGDs were planned for women utilized the services of the Center. Four FGDs involved women who were bene-fited from the training they received in the Center in improving their status (named as empowered women), whereas another four FGDs involved women who had not used the knowledge and skills they had received in improving their status (named as unempowered women). Each FGD consisted of 8–10 participants. Face to face IDIs were conducted with a number of key informants women and men. Key informant women in the community were from those knowledgeable about the program, including: university graduates; members of civil society organizations/local council; health care providers; daughter/wife of local community leader (Sheikh); and teacher/school principal. Men included in the study are community leaders including religious people, teachers, Sheikh….etc. Each informant was asked to give his/her own written or oral consent and was encouraged to talk and explore his opinion freely and confidentiality was greatly ensured.

For IDIs, probing was used for further exploration on issued topics. The interview continued until no more information comes from the mothers and the researcher feel satisfied. Informants were encouraged to talk freely about their perception and views. Each interview lasted between 25–30 minutes. At the beginning of each FGD, the researcher met with the participants to clarify the aim of the discussion and the approximate time needed to complete the discussion. Confidentiality of the discussion and the complete freedom of the participant to continue or to stop at any moment in the discussion were assured. Each FGD lasted between one to one hour and half.

All IDIs and FGDs were audio-tapped and notes were taken simultaneously. The researcher performed daily review of the audio–tapped recorded interviews and discussions. Early transcription was done for audio-tapped records to ensure the credibility and dependability (Bogdan and Biklen, 2007). Further review for the translated verbatim was done by the field work supervisor to agree upon the final verbatim form.

Data analysis took place alongside data collection to allow questions to be refined, new avenues of inquiry to develop and shape the on-going data collection. Content analysis was used to interpret the findings and develop themes from the information emerged in the FGDs and IDIs. According to the content analysis and constant comparison technique, the transcripts were read several times for familiarization and then categorized manually into words and phrases to find meaningful relationship between the emerged themes that were derived inductively (Bogdan and Biklen, 2007; Golafshani, 2003). The study proposal was approved by the Research and Ethics Committee of the Faculty of Medicine and Health Sciences, University of Aden, Yemen.

Results

Fifteen IDIs had been conducted; ten with women and five with men (Table 1). The mean women's age was 28 (SD=8.7) years versus 38.4 (SD=8.4) years for men. The participants' characteristics are shown in Table 1.

Table 1 Characteristics of the key informants participated in the IDIs

No.	Sex	Age	Status
1	Female	30	Khammer Center vice director
2	Female	21	University student
3	Female	42	President of local civil society organization
4	Female	28	Midwife, also a science graduate
5	Female	22	Kindergarten trainer
6	Female	25	Secondary school teacher
7	Female	19	Basic school teacher
8	Female	45	Wife of a neighborhood sane (Akel Harah)
9	Female	25	Medical assistant

No.	Sex	Age	Status
10	Female	24	University graduate
11	Male	30	Neighborhood sane
12	Male	35	Teacher
13	Male	52	Imam in a Mosque
14	Male	35	Medical assistant
15	Male	40	School principal

IDIs with women
The following five themes were emerged from deeply interviewing women.

1. Positive view about the role of Khammer Center
There is consensus on the positive role of Khammer Center and clear appreciation for the various services provided by it. The responses varied from general compliment for its role and influence in the community to more specific indications:

- Illiteracy eradication classes (Nine informants)
- Tailoring and handcrafts (Eight informants)
- Computer training (Five informants)
- Pre–school education (Four informants)
- Bakery, ECD training, and education on life style issues (Three informants each)
- Education on solving community problems (One informant)

The informants showed consensus about the influential role of the Center that is clearly indicated by the acceptance and utilization of its various services:

'*the services are suitable to all community groups particularly children, educated girls and illiterate women*'.

2. Readiness to help empowering Center's graduates
All informants exhibited their readiness to help empowering the Center's graduates to implement what they had learned although five of them believe that:

'*the graduates are empowered quite enough and they are implementing all what they had learned*'.

However, the president of a local civil society organization mentioned two ways to help empower the Center's graduates:

- Enrolling the computer graduates to train girls in her society in the future.
- Marketing the bakery products and hand–made stuffs.

3. Different approaches for partnership
The informants mentioned many ways to support the Center:

- Joining the Center themselves or their relatives;
- Working as volunteers for educating women in health and religious issues;
- Advocating and encouraging utilization of the Center services in various settings like schools and women gatherings;
- Marketing the products of the Center;
- Supporting the graduates to implement their skills in the various settings like schools and mosques; and
- Providing innovative ideas to develop the provided services.
- Helping the people in the Center to look for volunteers and a more suitable location for the Center instead of the current relatively remote one.

- Introducing the Center and advocating its activities to those who do not know.
- Finding ways to involve the graduates in various community events like school summer camps.
- Working to convince more women with their children to utilize the services of the Center.

4. Looking forward for more future community–related services
All informants exhibited passion to see the Center in a better status. They mentioned particular services they hope to exist in the Center to support its role in the community.

- First aids training (Six informants).
- English classes, make–up and hair dressing professional tailoring and handcraft training (Five informants each).
- Household management (Four informants).
- Life–style training in various aspects related to women and children health (Four informants).
- Mathematic classes, Quran memorizing and drawing/painting (Two informants each).
- Improved pre–school education and focusing on playing and having professional trainers from outside the area so as the services appear more attractive to the clients (One informant each).

IDIs with men
Analysis of men responses resulted in seven themes as follows:

1. Variable views about women education status in Khammer
The Imam and the neighborhood sane believe that there is considerable demand for girl's education from all society members either rich, poor, or even marginalized which is increasing over the years. They attributed this to increasing awareness about the importance of girl's education. However, neighborhood sane pointed that more girls attend evening classes and in the city than the rural areas. On the other hand, the school principal thinks that 75% of the community members believe in girl's education but the remaining not. On the contrary, the teacher in the study considers the community awareness about girl's education as only "*medium*". He further clarified:

'*families want their girls only to read and write or only to complete 6th or 9th grade but not more*'.

The medical assistant confirmed the last opinion and further added:

'*the education status of girls is very poor due to many factors including high teacher turnover; delay in providing books and maltreatment from the side of teachers*'.

2. Universal agreement on basic education, less agreement on secondary school education but almost no acceptance for the university
All participants confirmed the acceptance of the families to enroll their girls in basic schools. With regards to secondary school enrollment, the teacher and the school principal believe that the community also accepts secondary school for girls but the medical assistant and neighborhood sane thought that such agreement is only 30% and 50% respectively. However, the five participants agreed that girl's enrollment in the university is yet unacceptable in a large scale due to the following reasons:

- Low awareness about the importance of girl's education (All).
- Early marriage (Neighborhood sane, teacher, and medical assistant).

- Traditional norms (Neighborhood sane, teacher, and medical assistant).
- Not having separate lecture rooms for girls at the university (Imam).
- Unwillingness of the girls to complete their university graduation (Neighborhood sane).
- Far distance of the colleges (Neighborhood sane).
- The families need the girls to help in the household chores and to learn how to bear the responsibility as future housewives (Teacher and school principal).

Worth mentioning that Imam and the school principal had mentioned that Al–Iman university (religious–based university) is the mostly accepted university for most families.

3. Illiteracy eradication: great acceptance but for different reasons

All participants except the teacher agreed that more women became much keen to attend such classes in Khammer. They spent long time explaining their encouragement and happiness for having illiteracy eradication classes in the area. However, they provided different reasons for advocating these classes. According to them, education enables women to:

- Better reading the Quraan and have more religion awareness (nneighborhood sane and Imam).
- Support their children education (Neighborhoods sane and school principal).
- Understand the husband and deal better with him (Imam and school principal).
- Better raise–up their children (Imam).
- Know her rights (School principal).

The teacher attributed the low enrollment in illiteracy eradication classes to:
'*husbands' un-acceptance; the remote location of Khammer Center, low awareness among men and unsupportive role of the mosque*'.

On the other hand, the medical assistant claimed high enrollment in such classes together with Quran classes in both Khamer Center and the local civil society organization.

4. The community favors boy's education but not girl's education

Except what was mentioned by the school principal that few community members do not discriminate between girls and boys in education, the other four participants stated that discrimination between girls and boys in favor of the later is the rule despite their view that this needs not to happen. The major reason provided for community preference of boy's education is the feeling of many fathers that:

'*there is no benefit for girl's education as she finally will marry and stay at home*”.

'*if the girl works after education, her husband will later take her money and her family will not benefit after spending on her education*'. The later mentioned reason leads some fathers to: '*refuse marry their daughters to withhold their salaries*” as the teacher remarked'. Nonetheless, the overall reason underlying the community vision on girl's education believed to be:

'*lack of awareness and the narrow community view about girl's education*' as agreed upon by all informants.

5. Few opportunities for women work

Working in teaching, health sector, tailoring cloths and handcrafts are the only jobs mostly allowed for girls by the community as mentioned by all participants. These jobs are the least that permit contact between both sexes from the community point of view. However, our participants did not provide consensus about the degree of the community responsiveness to women work:

The Imam described the surrounding conditions as:
'*very supportive for woman work except if woman health does not allow to do her duty as a worker and housewife simultaneously*'.

The school principal stated that:
'*the environment is supportive for woman work only in the city and if the work is near woman house*'.

On the other hand, the following obstacles facing women work were also proposed:

- Early marriage;
- Husband refusal for woman work unless she gives him her whole salary;
- Women themselves decide to stay at home when they do not found someone to replace her in taking care of household issues;
- The way that the community views women role as only housewife;
- Community un acceptance that women work in some jobs.

6. Male managers prefer women as worker but only in health and education sectors

Unexpectedly all, except the school principal, agreed that work managers prefer women as a worker in health and education sectors. They gave the following reasons for such preference:

- Women are active and highly dedicated.
- Women are more punctual and committed compared to men.
- Women has tendency to follow the discipline and order.
- Women are taking things seriously and work relentlessly to improve the quality of any work.
- Women are saying the truth more than men and are more trusted by others.

7. Consensus about the right of women to actively participate in the social events

The informants are aware about the refusal of some community members of any form of women involvement in any aspects of social life. This comes from underestimation of women as human beings who are worth to participate in all life aspects as they concluded. The informants exhibited their support to women's participation in different aspects of social events including:

- Solving domestic problems and social conflicts;
- Affiliation to civil society organizations;
- Participation in local and parliament ballots (but only as voters).
- The rationales for their support are:
- Our religion provides many examples of women participation in important social events (Imam).
- To stand–up with her rights as human being (School principal).

FGDs with women

Eight FGDs had been held with 61 women utilized the services provided by Khamer Center. Four FGDs were with women who had been empowered after the training she received in the Center (32

women), and the other four FGDs with women who had not (35 women). Both types of informants sometimes shared the same opinions and sometimes not. We are presenting here the responses of both types of informants.

1. A wide range of perceived health problems
Various morbidities were perceived as the most prevalent health problems. These were: malnutrition (7 FGDs); Anemia (6 FGDs); hypertension (6 FGDs); pregnancy–related problems (bleeding, repeated and frequent pregnancies, abortion, and toxoplasmosis); weakness and exhaustion (5 FGDs); diabetes mellitus (4 FGDs); and less frequently skeletal problems; typhoid fever and psychological problems.

2. Causes of the most prevalent health problems
The ways that women viewed how their health problems originate are various. However, underprivileged livelihood condition and its consequences came first including poverty, economic hardship, poor purchasing capacity and under-nutrition. Other causes in descending order of frequencies were:

*   Poor health seeking behaviour;
*   Repeated and short spaced pregnancies;
*   Unsupportive psychological environment in the family;
*   Early marriage;
*   Bad lifestyle habits;
*   Not using family planning methods;
*   Poor health awareness; and
*   Poor health services.

3. Health seeking behaviour
In facing their health problems, different approaches are adopted by women

*   Immediately seeking doctor consultation (15 informants);
*   Staying at home and trying to use any palliative medications and/or healthy foods. If the condition does not improve, they seek doctor consultation (10 informants);
*   Never go to hospitals due to:
*   no trust in the available health staff (12 informants);
*   not having enough money to cover the high expenses of the medical consultation (10 informants);
*   Staying at home and consulting mother/mother–in–law, sisters or friends (7 informants); and
*   Seeking help from traditional healers (7 informants).

4. Different sources and views for family planning among users
Around ten informants had never used family planning methods in their life due to: '*their associated complications*'.

Among users, there are different sources from which women can receive such methods;

*   The majority from the public health facilities for free if they are registered.
*   Others get them from private hospitals, clinics or pharmacies.

With regards to the reasons for using family planning methods, the following reasons were expressed:

*   To ascertain mother's health (All informants);
*   To have enough time to take care of children and their education (54 informants);
*   Spacing between pregnancies (35 informants);

*   Economic reasons (29 informants);
*   Regulating domestic life (15 informants);
*   Pay more attention to the husband (15 informants); and
*   To continue breastfeeding the older child (8 informants).

5. Seeking professional antenatal care is common but at different time and for different reasons
Only few informants (particularly low educated ones) said that they do not seek health care while pregnant but they look for the help of traditional healthcare providers including traditional birth attendants. Another two said that they do not go to health facility for antenatal care as they do not trust health staff and cannot afford services cost. On the other hand, the majority of informants said they regularly seek professional antenatal care. Different settings for antenatal care were mentioned: local public health centers or hospitals, private clinics or hospitals or even health facility in the capital Sana'a (8 informants). Preference for private health services is prominent. However, routine visits to antenatal care services are not the rule despite the majority believe that regular antenatal care visits are necessary to ensure good health for the mother and the baby and to have easy delivery. Childbirth is believed to happen at home as it is: '*better and more private than health facility delivery*'.

6. Girl's education is important for various reasons
There is agreement by all women on the importance of girl's education. They provided a wide spectrum of reasons for their views:
'*girl's education is important for the whole society because if girls become educated the whole society will change*';

'*girl's education is a religious duty for better learning of the Quran and the differentiate between the right and wrong behaviours*';

'*girl's education is important for the woman to better take care of her husband and children*';

'*if the woman is able to read and write she can follow health instructions well, giving the correct dose of medicine and know how can take care of their children health*';

'*educated women can raise their children well and help them in their education*'; and

'*education is very important for women to know how to deal with the mobile phone*'.

7. Girl's vs. boy's education: different challenges
There is consensus that there are many challenges facing education of boys and girls although they provided various dimensions for these challenges.

Challenges facing boy's education are:

*   Boys do not consider learning process seriously and are more interested in playing than learning;
*   Maltreatment by teachers makes some boys reluctant to attend classes;
*   Boys require serious follow–up by parents to encourage them to do their homework;
*   Drop – out of boys after class six to work with their fathers;
*   Poor awareness of the parents and ineffective follow–up lead to poor school performance; and
*   Assuming many domestic responsibilities on boys as "adult men" while they are very young making them less interested in studying.

Challenges facing girl's education are:
The following challenges proposed as reasons for the disadvantaged situation of girl's education relative to boy's education:

- Early marriage;

- Not having separate classes for girls;

- The economic hardship of some families lead them to withdraw their daughters from schools;

- Far distance of schools and shortage of female teachers; and

- Poor parent's awareness about the importance of girl's education.

8. Wide spectrum socioeconomic problems
Analysis of women responses about the most prevalent socioeconomic problems reveals awareness about what is going around them and their influence by these problems. These problems are:

- Early marriage (30 informants)

- Divorce and polygamy (24 informants each);

- Water crisis (23 informants);

- Poverty and unemployment (22 informants each);

- Expensive dowry (15 informants);

- High school girl's drop–out rate and wide gender gap in education (14 informants);

- Poor sewage disposal (13 informants);

- Electricity interruption (9 informants);

- Poor educational level and health awareness (8 informants); and

- Weapons holding and banditry (7 informants).

Tackling these problems require multi disciplinary efforts from the government and civil society organizations as they indicated. However, they mentioned some ways to mitigate the influence of some of these problems:

- Expanding the educational role of Khammer Center.

- Potentiating the roles of the mosques in educating the public.

- Using women gatherings and schools to communicate educational messages.

9. Different views about women role in the family among empowered and non empowered women
Both groups of women differently evaluate women role in the family. Their responses could be grouped into three categories:

'*the role of woman in the family exceeds that of man: it is essential and multifaceted*'; (7 empowered women).

'*the role of women is confining to her domestic household duties and raising children*'; (7 empowered and 19 un-empowered women).

'*the role of women is both: taking care of the family issues and children besides making decision in all family issues*'; (16 empowered and 13 un-empowered women).

10. Mostly satisfied by their current role in the family
Forty women (7 empowered and 33 un-empowered) exhibited their satisfaction with their current role in the family that is mostly restricted to household chores and raising–up children. Some reasons given for their satisfaction were:

'*these are our norms and traditions that we need to follow*';

'*we are proud with our role because we are doing our duty*'; and

'*we are following the Sunna to obey the husband in everything*'.

In relation to the latest sentiment, six un-empowered women explained: '*we are accepting our role in surrendering to our husbands' well as we must obey them*'. Only fifteen women (un-empowered) said that they are unsatisfied with their current role because: '*we feel that our potentials are bigger, but there is poor awareness about women rights and responsibilities*'.

11. Trying to help solving social problems
Nine un-empowered women provided no answer for the question on their role in solving social problems/conflicts. All other women said that they are trying their best to solve domestic problems including those issuing between neighbours and marital problems between couples, but no more than this. They are doing so by analysing the reasons behind the problems and then trying to narrow the gaps in different opinion by proper advices.

12. Decision making but in trivial issues
With the exception of eight un-empowered women who did not answer the question on decision making, there is agreement that women can make decision in some daily life family issues that are mostly trivial. However, women are not allowed to make decisions in important and decisive family issues. As indicated by 21 empowered women:

'*women are not allowed to make decision about the future of their children or the marriage of their daughters*'.

Six of them further added: '*if women insist to say her different decision, marital conflicts might issue and sometimes even divorce*'.

13. Woman status needs many things to be improved
In addition to improving the community infrastructure, women need to be empowered by education and learning various skills is the conclusion of women responses on the requirements for improving women status. Specific requirements are:

- Water projects to relive water crisis and secure more time for women lost in bringing water;

- Electricity generator for Khammer Center;

- Health Centers;

- Comprehensive education targeting religious, social and health issues as well as woman rights including counselling session and distribution of pamphlets;

- Training courses in computer and internet skills, first aids, English and French languages, tailoring, handcrafts; hair dressing, midwifery, ECD, and home economy.

- Quran memorizing classes.

Discussion
Women's empowerment is the process by which women gain greater control over the circumstances of their lives. It is a multidimensional concept, which purports to measure a woman's ability to control resources, her ability to choose and control different outcomes, and above all enhance her self–esteem (Sen and Batliwala, 2000). However, variables such as education and employment were commonly used, among others, as major proxies to capture empowerment and other related concepts such as women's autonomy and status (UNFPA, 2010). These two measures had received particular attention in the present analysis.

Women Education and Employment
The present analysis provided explanation for the community perception towards girl's education which if accepts primary school education, it has conservative attitude towards achieving higher educational levels. Furthermore, gender discrimination in favor of

boy's education over girl's education is very conspicuous and for varying reasons as demonstrated by interviewed males. In connection to female education, illiteracy eradication is greatly accepted by both sexes in the study. Hopefully, the reasons given for favoring women education are covering broad spectrum of issues ranging from developing the whole society to better caring of children, having better marital relation and better dealing with the mobile phone. In fact, having illiteracy classes in Khammer Center was ranked first as the most appealing service for women. Nonetheless, some interviewed women pointed to the difficulty of illiteracy eradication and the need for highly qualified teachers for this job. This needs to be considered in the future plans of Khammer Center.

Work opportunities for women in Khammer were another issue detailed in this study. It is clear that despite the respect exhibited by male informants towards the "*committed and serious*" women behavior in any job, the community acceptance for women work is still restricted to only few types that were limited to teaching, tailoring and working in the health sector. This was explained by the participants as local conservative norms. However, being competent in other skills in which the center provides training for might open new work opportunities for women and convince the community to accept women in such work.

Community Participation and Women Empowerment
It was agreed that women's limited access to education, employment opportunity, and media, coupled with cultural factors, reduces their decision making power in the community in general and in a household in particular. Regarding their participation in decision making at national level, though the number of women in national parliaments has been increasing, no country in the world has yet achieved gender parity. According to the United Nations (UN) Women (2014), the percentage of parliamentary seats held by women in 2014 was 21.8% at world level, 23.3-25.2% in developed countries, and 16% in Arab States (UN Women, 2014). This low representation of women could be due, among others, to type of electoral systems in different countries, women's social and economic status, and socio-cultural traditions and beliefs about women's place in the family and society (UNFPA, 2010). In the present study, despite the general positive attitude towards high women status exhibited by the participants and in agreement with the aforementioned international figures, men interviewed in the qualitative phase confirmed the community un acceptance towards women social participation.

In a related context, empowered and un-empowered women appeared different in their view about women role in the family and their satisfaction with such role; women role to help solving social problems and their decision making role. Empowered women showed better awareness of their status compared with their un-empowered counterparts. As expressed by the participants, very few empowered women appeared satisfied with their current role in the family. This could be explained by the possibility that the new status of empowered women motivate them to assume more advanced status in the family and the community proportionate to their potentials.

The Role of Khammer Center
One of the highly agreed upon issues in the present study is the appreciation of the role of the Khammer Center and the readiness of the stakeholders either individual or institutional to cooperate with as appeared in the qualitative study. Moreover, various forms of partnership and help were proposed in addition to suggestions to bolstering the role of the Center in the community. Worth mentioning is the indication of some informants for the noticeable improved role of the Center in the few months preceding the study as well as the passion in looking forward for more community–related services. On the other hand, women appear aware about the prevailing health problems they and their children are facing and their major causes. Women in the FGDs mentioned somehow reasonable causes for their health problems. This could

be in part related to the educational training provided in the Center. Nonetheless, the health–seeking behavior was far from optimum. This could be partially attributed to the general negative attitude towards the existing health services as clearly indicated in the study. Hopefully, this might open a new area for the Center services through providing quality health services which would impart further attraction to the Center.

Conclusion
There are important contextual findings with regards to the women status in Khammer. It also illustrates the recognizable role that Khammer Center is playing and expected to play in the community despite the lack of detailed documented data about women utilization of the Center. It is also clear the inappropriate educational level, low women status, and inadequate awareness of women about certain health–related issues and child rearing practices. Therefore, well planned and structured literacy and life skills programs need to be considered as the major avenue to improve women awareness in life issues and the important mean through which women are empowered and be able to obtain their basic human rights. Specific actions could be:

- To continue the ongoing educational and awareness campaign that seeks to combat public stigma and ignorance about female educational programs. In the long run, this will help to reduce the gender educational gap, combat poverty, and reduce maternal and child mortality rates. Furthermore,

- Illiteracy eradication needs to be considered a priority activity. For doing so, various means to encourage women enrollment in these classes must be exhausted. For instance, popularization for these classes in every setting women can meet could be one strategy. These include women gathering, waiting time in the health services as well as during attendance for other services in Khammer Center like tailoring and handicraft. Male and female advocates can play role as volunteers in such activities. Sheikh and Imam can play important advocatory role in their talks like in the Jumma'a prayer to encourage men to support women enrollment in such classes.

- To enable the Center graduates to make benefits of the skills they had learned. This can be implemented in different ways. Graduates from the computer courses can be helped to find posts in private schools or wherever such need exists. Exhibitions at regular intervals to market the handcrafts and dresses of women can be another way. Small credits to help women making small investment might be another option. This will help to decrease women's social dependence and vulnerability.

REFERENCES

1. Al-Amri, A. Annuzaili, D. and Al-Deram, A. (2003). Overview of the situation of children, women and ECD in Yemen. ECDVU–MENA, accessed at:http://www.ecdvu.org/mena/downloads/yemenreport/yemenreport.pdf, (5 April 2013).

2. Alam, G.M. (2008). The role of technical and vocational education in the national development of Bangladesh. Asia-Pacific Journal of Cooperative Education, 9(1), 25-44

3. Alasah, A.A. (2008). Women's Empowerment and Community Development in Cameron. A case study of Non Governmental Organizations and Women's Organizations in the Northwest Province. Thesis submitted for the degree Doctor of Philosophy, University of Southampton, School of Social

Sciences
economies/#economy=YEM, accessed (5 March 2015).

4. Australian National Training Authority (2002). Toowoomba: Toowoomba Learning Community Network. Learning Communities National Project 2001, available http://www.anta.gov.au/images/publications/Learning_Communities-Toowoomba.pdf accessed at (12 January 2016)

5. Bogdan, R.C. and Biklen, S.K., ed. (2007) Qualitative research for education: An introduction to theory and methods, 5th ed, Allyn and Bacon Incorporation, Boston, pp. 145-181.

6. CIA, (2015) Yemen Literacy, available at https://www.cia.gov/library/publications/the-world-factbook/fields/2103.html accessed (10 January 2016)

7. Damon, A. (2002): Productivism, sustainable development and vocational education and training. In: J. Searle, D. Roebuck (eds.), Envisioning practice, implementing change, International Conference on Post-compulsory Education and Training: 10th (ed), Australian Academic Press, Brisbane, Vol. 1, pp. 61-68.

8. Edu, D. O. and Edu, G. O. (2012). Vocational education of women: A tool for Community and national development in Nigeria. Universal Journal of Management and Social Sciences, 2, (2), 5555.

9. Golafshani, N. (2003). Understanding reliability and validity in qualitative research. The Qualitative Report, 8, 597-607.

10. Mahadevan, K. Reddy, P. Sumangala, P. et al (2005). Empowerment of Women through Health Education for Healthy Living of Mothers and Children. In K. Mahadevan, S.K. Kumar and VK Panikar eds, Health Promotion, Prevention of HIV/AIDS and Population Regulation: Strategies for Developing Countries. New Delhi: B.R.P.C.

11. Mustapha, R.M. and Greenan, J.P. (2002). The Role of Vocational Education in Economic Development in Malaysia: Educators' and Employers' Perspective. Journal of industrial Teacher Education, 39, 22-39.

12. Osirike, A.B and Egbayebo, T.E. (2012). Women empowerment for community development in Nigeria. JORIND, 10 (3), 5-11.

13. Roudi-Fahimi, F and Moghadam V. M. (2003). Empowering Women, Developing Society:: Female Education in the Middle East and North Africa. Population Reference Bureau, MENA Policy Brief.

14. RoY. (2014) Ministry of Public Health & Population and Central Statistical Organization Yemen National Health and Demographic Survey 2013.

15. Sen, S. and Batliwala, S. (2000). Empowering women for reproductive rights. In B. Harriet and G. Sen, eds Women's empowerment and demographic processes, Oxford University Press, New York.

16. Thiyagu K. (2013). Education – a tool for women empowerment. Asia Pacific Public Health Journal, 1-9.

17. United Nations Development Program (UNDP). (2015). Human Development Report. Work for Human Development Available at: (3 December 2015).

18. United Nation Fund for Population (UNFPA). (2010). Empowering women, available at http://www.unfpa.org/ gender/empowerment.htm , accessed (12 May 2014).

19. UN Women, (2014). UN Entity for Gender Equality and the Empowerment of Women. Seats in parliament held by women , available at:http://www.unwomen.org/en/, accessed (24 December 2015).

20. World Economic Forum. Global Gender Gap Report. available athttp://reports.weforum.org/global-gender-gap-report-2014/